

Alameda Recreation and Park Department

2226 Santa Clara Avenue, Alameda, CA 94501 - (510) 747-7529 / Fax: (510) 523-4071

ADULT SOFTBALL TEAM APPLICATION - COED

Please check our website for more Adult Softball information:

www.cityofalamedaca.gov/Recreation/Adult-Softball

(PLEASE PRINT CLEARLY)

ATTENTION ALL MANAGERS: We need your current e-mail address in order to send all league information plus updated rules, latest bat list, etc. WE WILL NO LONGER HAVE A MANAGER'S MEETING SO ALL CORRESPONDENCE WILL NOW TAKE PLACE IN E-MAIL FORMAT. MANAGER'S CURRENT E-MAIL ADDRESS:_____ MANAGER'S NAME ___CITY____ZIP____ MANAGER'S MAILING ADDRESS MANAGER'S DAY PHONE () _____ MANAGER'S EVENING PHONE (SPONSOR'S NAME OR TEAM NAME Was your team entered in last year's league play?......Yes____ No____ 1. 2. What was the name of your team last year? _____ Is your team name or sponsor different from last year?......Yes 3. If different, please state new name Is your team sponsored by an Alameda business firm?......Yes 4. No 5. If your team **IS NOT** sponsored by an Alameda business firm, does 6. your team consist of at least 75% players who are Alameda residents?......Yes No CLASSIFICATION (check one) NIGHT PREFERENCE RANK IN ORDER OF PREFERENCE C _____ (1 - First Choice; 5 - Last Choice) Monday D Tuesday Wednesday _____ Thursday Friday **DEPOSIT**......Amount: \$_____ Cash ___ Check # _____ MC/VISA__________Exp Date_____ Cardholder's Name ENTRY FEE BALANCEAmount: \$_____ Cash ___ Check #____ _____-____Exp Date_ MC/VISA Cardholder's Name TOTAL TEAM MONIES.....Amount: \$_____ Cash ___ Check #_____

Cardholder's Name

LEAGUE_______FIELD_____

MC/VISA - - Exp Date